

VERMONT TOBACCO EVALUATION & REVIEW BOARD

Minutes of the Board Meeting

March 12, 2008

Approved April 9, 2008

Members Present: Theodore Marcy, MD, MPH, Brian Flynn, ScD, Amy Brewer, Dani Carey, Senator Sara Kittell, Ryan Krushenick, Gregory MacDonald, MD, Erica Peters, Edna Fairbanks Williams

Designees Present: Sheri Lynn for Acting Commissioner Moffatt, Marcia Lawrence for Commissioner Mike Hogan, Christy Taylor Mihaly for Attorney General Sorrell, Shevonne Travers for Commissioner Cate

Guests: Sharon Mallory, Department of Health, Kate Larose, Department of Education, Catherine Suiter, Fletcher Allen Healthcare, David Cranmer, Coalition for a Tobacco Free Vermont and Kelly Stoddard, American Cancer Society

CALL TO ORDER: Dr. Marcy opened the meeting at 3:05 p.m.	
INTRODUCTIONS: Dr. Marcy welcomed the new K-12 Educator involved Prevention Education representative who replaced Coleen Krauss. Dani Carey is the SAP at Orange Center and Washington Village Schools. She is also a group clinician at Central Vermont Substance Abuse Services and working on her master's degree in clinical health and substance abuse counseling. He also welcomed Shevonne Travers, replacing Kate O'Neill as the designee for the Department of Education. She is the Assistant Director of Student Support Services and Safe and Healthy Schools. She has been with the department for seven years. Introductions followed.	<ul style="list-style-type: none">• Introductions
PUBLIC COMMENT: Ms. Suiter coordinates the hospital-based statewide tobacco cessation program. As identified in the strategic plan to address tobacco-related disparities, there is a high rate of smoking among clients of mental health services. Anthony Quintilliani suggested the mental health counselors learn how to counsel smokers. Ms. Suiter adapted the American Cancer Society's Fresh Start model. The training has been implemented at United Counseling Service in Bennington, Clare Martin in central Vermont, HCRS in Springfield and groups from Brattleboro and Rutland. However, the clinics do not have funding to pay facilitators or a mechanism in place to get reimbursement. She asked the board if some of the community coalition funding could be used for mental health agencies. She knows the money can't be used for cessation and money should not be taken away from communities but could some of the total be kept aside for mental health agencies or used for a coalition that has a strong plan to work with their mental health community (which they have been asked to do). She asked the board to think of ways to help these mental health centers and their customers. Several hospital-based programs can help out but most hospitals don't receive enough money to support this effort. Dr. Flynn asked if the facilities were smoke free. Ms. Suiter said no but the people who they have trained have begun to pursue smoke free campuses, but policy change is challenging. Dr. Marcy said in the board's recommended budget included funding for mental health centers but this is proposed.	<ul style="list-style-type: none">• Catherine Suiter
REPORT FROM THE CHAIR: Dr. Marcy reminded members that Ms. Ryan is taking a position with the American Lung Association of New England in Vermont's office as director of health promotion and public	

<p>policy. She will continue on as administrator through the end of the legislative session. He and she constructed a timeline for selecting a new administrator. He asked Ms. Mihaly, Ms. Lynn and Rep. French to serve on the search committee. With the timeline as planned, the board will vote on a new administrator at the May 7 board meeting. Ms. Williams expressed interest in serving on the committee. Dr. Marcy said in addition to reviewing coalition grants and hiring a new administrator, the board needs to vote on the evaluation contractor currently up for competitive bid. There may be a media campaign to approve. Because the board is selecting an evaluation contractor and hiring an administrator, he proposes putting off a site visit until September. Ms. Lynn mentioned the possibility of coordinating the visit with statewide tobacco control partners' conference (September 24). Dr. Marcy would like to cancel the July board meeting, depending upon the timeline for next media campaign (which could be held by conference call if needed).</p>	
<p>REVIEW OF MINUTES: The board approved the minutes of the February 6, board meeting.</p>	<ul style="list-style-type: none"> • Minutes approved
<p>COMMUNITY COALITION GRANTS: Ms. Ryan reviewed potential conflicts of interest, reviewing process and timeline. The board will vote on recommendations at the April 9 meeting for the Commissioner of Health's consideration. She distributed review packets and grant applications. Ms. Mallory reviewed the scoring guidelines in detail. There were 22 applicants, including the 19 previously-funded coalitions and three new ones. Contingent upon appropriations, there will be approximately \$1 million available for these grants. Contingent upon future appropriations and the grantee's performance, the grant will be extended through FY2010. For the first time, two categories of grants are available. Capacity building (up to \$30,000 per year) will be awarded to applicants that do not have the infrastructure necessary to carry out a comprehensive tobacco control plan. Implementation grants (up to \$65,000 per year) will be awarded to those who can demonstrate the infrastructure and experience to carry out a comprehensive plan. 20 of the 22 applicants applied for an implementation grant.</p>	<ul style="list-style-type: none"> • Community Coalition Review Process
<p>REPORT: THE CESSATION COMMITTEE: Dr. MacDonald said the committee met 11 months ago and discussed the apparent duplication in services in telephone counseling by the hospital program and the Quit Line. When the programs were designed, the hospital program was intended primarily for face-to-face counseling, either group or one to one. All phone counseling was to be done through the Quit Line. About 35% of new hospital clients last year received telephone only counseling. A panel of experts was recruited to review this issue. It met in December and made recommendations. A report was released in January and the committee reviewed it. The Department of Health has already taken some initiatives. The panel made up of local and out-of-state experts came up with four recommendations:</p> <ul style="list-style-type: none"> • Develop a system or protocol through the local hospital program that informs and seamlessly refers smokers to the type of counseling of their choice. Dr. MacDonald said the Quit Line 	<ul style="list-style-type: none"> • Results of the Scientific Advisory Panel

<p>reports that it refers 10-15% of clients to the hospitals. But hospitals do not have a way of tracking. They believe about 2% of smokers are referred from the Quit Line. Not all hospitals refer smokers to the quit line either. In response this, VDH will create a single message for all services to tell people about possible options and how to access. There will be an emphasis on removing the competition. What matters is how many smokers we serve overall. Incentives will be considered. Protocols will be developed for communication between both programs. This would mean the smoker would make one phone call and the service would take it from there. Guidelines will be developed for situations that may be appropriate for the hospital to use phone counseling.</p> <ul style="list-style-type: none"> • Build community coalition capacity to complete brief interventions with smokers in appropriate settings that increase awareness of cessation resources. This year's RFP has three new objectives to link smokers to services. • Examine opportunities and strategies among the healthcare providers to help familiarize the smoker and the provider about Vermont's cessation resources and assist with follow up for NRT. One of the panelists was from Massachusetts program where 60% of referrals come from health care providers (compared to less than 40% in Vermont). JSI International is currently piloting a program to do two things at ten practices: 1) train providers to develop systems to use refer smokers to services 2) distribute free NRT to smokers who are not interested in counseling. We are collecting data and hope to learn from this program. • Continue to use statewide media messages to drive smokers to the Vermont Quit Line and assure sustainability of the system to refer smokers to local cessation resources. <p>Dr. Flynn did some research on referral completion and it takes a lot of work to guarantee completion rates. He agreed that is important to recognize completed referrals as point scored in favor of the team that referred. If there are systems to be developed in ways that count, a reward should be as good as helping and keeping someone quit. Dr. Marcy said the evaluation committee is aligning itself with some of the identified objectives. It will look at all the cessation services outcomes and measures as one and make sure the measures are equivalent. It is also looking at measures of coordination, including cross referrals. The two major cessation services should be completing each other, not competing. Many states are working on this issue. He and Todd Hill, who oversees all the cessation services, will attend a meeting in Cleveland on Monday. Several states will send representatives to look at strategies to implement systems in health care provider practices. Dr. Flynn asked if there was a reasonable level of enthusiasm amongst the agencies. Ms. Lynn said Fletch Allen Healthcare contracts to coordinate the statewide program. It has taken the lead to reduce the percentage of time hospitals spend on phone counseling. It has also embraced the new brand, Vermont Quit Network. VDH will continue to work with FAHC and ACS who manages the Quit Line. Ms. Williams asked if all hospitals can give NRT to patients who smoke. Ms.</p>	
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<p>Lynn said the bedside intervention varies between hospitals but VDH encourages this process. Dr. MacDonald said interventions are mandated for patients with certain diseases and some hospitals require it for every admission. Dr. Marcy thanked the committee and the panel for its work.</p>	
<p>LEGISLATIVE UPDATE: H.580: To change the board term start date from Feb 1 to July 1. This bill passed the House and the Senate and awaits the Governor's signature. This means that public members' term will expire on June 30 instead of January 31. H149: To allow DLC to issue tobacco retailer licenses. This bill is currently in Senate Economic Development. There was testimony several weeks ago but no action has been taken since the last board meeting. S344: To ban mail and internet sales of tobacco products. Senate Economic Development took testimony on Tuesday; the only opposition came from US Smokeless Tobacco. The committee did not vote on it. Senator Kittell said it did pass out of committee later that did and was on the Senate floor this afternoon. Senator Sears said that the bill should have been sent to his committee, Judiciary, since it included penalties. It was ordered to lie and Senator Sears' committee will take it up next week. Senator Kittell said it will be a few days over crossover, but should not be a problem. FY2008 Budget Adjustment: Senate Appropriations added language to hold the additional \$500,000 for cessation programs until FY2009. FY2009 Budget: House Appropriations is still reviewing. Ms. Mihaly said the current projection for the strategic contribution payment is about \$14 million. The state should receive a total of \$39 million. She understands if there is unappropriated money, it should be deposited in the trust fund. The strategic payment will be adjusted every year by sales volume. The volume of cigarettes sold in 2007 year dropped by 4.7%, the biggest drop since the MSA was signed. It is good news. It also means the total payment will decline, also good news. Ms. Fairbanks asked if H.481, the bill to roll back the taxes on snuff, had any interest. Ms. Mihaly spoke to the tax department and it did not think so. Healthy Living: This is a section of this year's health care reform bill. It includes a review of all the prevention programs and funding streams in the schools. There is some movement to make it easier for schools to have access to one large pool of money (similar to CHAMPPS designed for communities) versus a variety of grants. It is something that may impact the tobacco control program in the future.</p>	<ul style="list-style-type: none"> • Legislative Update
<p>ADJOURN: The next board meeting on April 9 will begin at 2:00. Ms. Stoddard invited board members to attend the Coalition for Tobacco Free Vermont on Thursday, March 20 at 8:00 a.m. at the statehouse cafeteria. This meeting adjourned at 4:26 p.m. Signed by: _____ Approved by: _____ Rebecca L. Ryan, MEd Theodore Marcy, MD, MPH Administrator Chair</p>	